

Best Practices of the Community Resilience Project

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Community Resilience Project of Northern Virginia
COMING TOGETHER TO HEAL

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INTRODUCTION

Background of the Community Resilience Project

On September 11, 2001 (9/11), terrorists perpetrated one of the most heinous attacks on American soil ever committed in the history of the United States. The horrifying attack on, and collapse of, the World Trade Center resulted in more than 3,000 deaths. The Pentagon sustained major structural damage from another attack, but far worse, the human toll involved the death of 184 individuals, including the 64 people on board American Airlines flight 77. Within 2 hours of the Pentagon attack, Arlington County declared a local emergency, and Governor James Gilmore declared a state emergency. A federal emergency declaration was issued on September 13 for Arlington County, effective September 11, 2001. A state and local government multi-agency Terrorism Victims Assistance Center was established by Governor Gilmore to coordinate requests and offers of assistance to victims of this crime and their family members. On Friday, September 21, Virginia received approval of the major disaster declaration request to include individual assistance in the designated area of Arlington County. Immediately following the attack on the Pentagon, the Arlington County Community Services Board (CSB) requested crisis counselors from all 40 CSBs across the Commonwealth to assist in its efforts to provide counseling and support to first responders. Each of the five Northern Virginia CSBs (Alexandria City, Arlington County, Fairfax County, Loudoun County, and Prince William County) provided immediate crisis counseling, outreach, education, and support services to victims, responders, and the community-at-large.

The terrorist attacks have directly or indirectly affected people all across the Northern Virginia region. The Pentagon—a symbol of invincibility until 9/11—is one of the world’s largest office buildings, with 23,000 employees who live in or near Northern Virginia. The number of secondary victims continued to rise in the aftermath of 9/11, which included the anthrax attacks, the sniper attacks, the war on terror, and continued terror alerts. Additionally, proximity to the Pentagon, the Central Intelligence Agency, and

Washington, DC served to heighten concerns regarding safety for many residents of Northern Virginia.

The full impact of the disaster continued to evolve for months after the initial attack. For example, the impact of the anthrax attacks is still an ongoing issue for many postal workers. Federal raids on the Muslim community generated fear and distrust of government among some members of this community. The temporary closing of Reagan National and Dulles International Airports and subsequent reduced operations, coupled with the profound economic blow to Virginia's hotel, restaurant, and travel industries, contributed to a budget shortfall in the Commonwealth. In turn, the CSBs have been directly affected by the shortfall and are undergoing serious budget cuts.

Northern Virginia has an extremely diverse population, with more than 100 languages spoken. According to *The Washington Post* (May 30, 2002), 20 percent of Northern Virginians are foreign born. Many Northern Virginians came to the United States to flee war in their countries of origin; they came in search of a new beginning and a sense of safety. Now they fear for their safety and worry that there will be additional terrorist attacks. Significant numbers of Northern Virginians of Arab descent, or who appear to be of Middle Eastern descent, have become targets of threats and intimidation. Mosques have been defaced in Northern Virginia and elsewhere across the country, and many Muslims are still being affected by the disaster. In too many cases, the trauma of the tragedies is only exacerbated by fear and isolation. Outreach to this segment of the population has proven to be critical.

The aftermath of 9/11, including the anthrax attacks, the sniper attacks, the war on terror, and the continued terror alerts, have, for many, either delayed emotional recovery from 9/11 or caused similar reactions to resurface. Overwhelmingly, fear and grief were the most prevalent emotions reported. The Community Resilience Project was created to provide support to the communities' continuing needs.

Virginia Responds

The Commonwealth of Virginia formed the Community Resilience Project with grant funds from the Federal Emergency Management Agency (FEMA). Through January 15,

2004, the project provided free outreach, crisis counseling, psycho-educational, and referral services that promoted healing and resilience to anyone who lived or worked in Northern Virginia. The project's goal was to help community members return to pre-disaster levels of functioning. It was also hoped that helping people realize and access their individual and collective inner strengths would aid recovery in future stressful situations. Counselors provided outreach, counseling, referrals, information, and education, as well as encouraged community dialogue. Subsequent to the completion of an Immediate Services (IS) grant, the Community Resilience Project transitioned to Regular Services (RS) on March 15, 2002. Four of the CSBs continued to participate during the RS phase: Alexandria City, Arlington County, Fairfax County, and Loudoun County.

The Community Resilience Project tackled many obstacles not previously experienced by a crisis counseling program, including those listed below.

- The Pentagon is a high-security military facility, with greatly restricted access. The Pentagon employees and the emergency workers who responded on 9/11 were at high risk for individual trauma and were a special focus throughout the project. Innovation, persistence, and coordination with the Department of Defense's Project Solace, individual garrison commanders, and the Pentagon Angels opened the door to the military community.
- News coverage focused primarily on the World Trade Center, leaving the victims of the Pentagon feeling isolated and overlooked. A mass-media campaign was initiated during the Regular Services phase to provide community-wide outreach during the first anniversary of 9/11 and thereafter.
- People of Middle Eastern descent in Northern Virginia were the subject of hate crimes and bias since 9/11. National and local events (such as federal raids on homes) have further traumatized this community. Crisis counselors with strong ties to the Middle Eastern population were hired to reach out to this vulnerable group.

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- The trials of a suspected terrorist and of an American who allegedly fought with the Taliban, and the physical location of political detainees in Alexandria City contributed to the ongoing stress. Crisis counselors, on an ongoing basis, responded to people with reactions engendered from these issues.
 - The many events that took place in the aftermath of 9/11 generated cumulative stress in many Northern Virginians. Some people had new reactions, others were forced to earlier phases of recovery, and others felt existing reactions more intensely. Over time, the cumulative impact of all the events took a psychological toll on many, causing stress reactions such as fear, anger, sleeplessness, sadness, and hyper-vigilance.

As demonstrated by the previous points, the Commonwealth of Virginia experienced a very different disaster than the domestic terrorist bombing of the Alfred P. Murrah building in Oklahoma City, or any natural disasters previously experienced. The Community Resilience Project of Northern Virginia responded to the many challenges and obstacles, and rapidly changing circumstances, imposed by this disaster and its aftermath. Individual and community services offered by the Community Resilience Project were both innovative and responsive to the constantly changing needs of the individuals and communities. The timeline below illustrates what occurred during the aftermath of 9/11 starting with September 11, 2001.

DISASTER IMPACT EVENTS AFFECTING NORTHERN VIRGINIA

		REGULAR SERVICES PHASE OF THE COMMUNITY RESILIENCY PROJECT (QUARTERS)																									
										Q1		Q2		Q3		Q4		Q5									
EVENT	9/11 Attack on Pentagon	•																									
	Anthrax Mail Attacks	•	•																								
	War on Terrorism		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
	Terror Alerts (Raised or Lowered)							•						•						•	•	•					
	Anniversary of 9/11														•												
	Sniper Attacks															•											
		Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.				
		2001				2002																2003					
		MONTH/YEAR																									

Given the many terrorist-related events that occurred in the aftermath of 9/11, individual and community recovery was cumulatively impacted. Many Community Resilience Project staff observed that the cumulative effect made it even more difficult for some people to recover or made reactions to subsequent events more intense. Although some types of general recovery principles were appropriate across events, staff worked hard to ensure that information and services provided during and after each specific event were tailored to meet the needs at that particular time. Though each aftermath event generated additional fear, anger, and anxiety within communities, staff continued to focus on helping people become emotionally stronger and more resilient.

BEST PRACTICES

Innovative service delivery and coordination among the four project areas as well as with various agencies were some of the most important accomplishments of the Community Resilience Project. The staff used a wide range of mechanisms—such as individual counseling, large workshops, community outreach, and mass-media campaigns—to effectively reach their respective communities. In addition, the four CSBs comprising the Community Resilience Project frequently worked on overarching efforts, such as the development of brochures in response to the sniper attacks, as well as in collaboration with local agencies.

Though there were many accomplishments of the Community Resilience Project, certain activities stood out as being particularly effective and appropriate to address the needs of Northern Virginians. Some were common across the region, while others were unique to a specific CSB. The best practices project-wide are described below, followed by individual sections for each of the four jurisdictions that implemented the Community Resilience Project.

Best Practices Project-Wide

- Anniversary events
- Community dialogues
- Community-wide outreach
- Public awareness media campaign
- Response to sniper attacks—materials development, outreach, and crisis counseling at work
- Web site

Anniversary Events: On the first anniversary of 9/11, each of the area projects supported activities to help people commemorate the anniversary and cope with their reactions to it. The staff offered counseling, support, education, and information to large numbers of people who attended the array of anniversary activities. By reaching out to the community during this time of reflection, the staff provided people with outlets for coping. The community, in turn, developed a stronger sense of solidarity and strength. In Alexandria, staff marked this time with a Labyrinth Walk. Participants walked a portable labyrinth to meditate on the events of the past year and how they may encourage resilience. In Arlington, staff joined Rev. Bill Minson of New York City in the We Remember Walk, a healing walk during which family members of the victims from New York, Pennsylvania, and Virginia gathered together in commemoration of their lost loved ones. In Fairfax, Community Resilience Project staff supported George Mason University and an interfaith organization's "A Day of Remembrance: An Interfaith Gathering United for Peace," a 9/11 anniversary event which involved several world religions participating in a program of spiritual readings, songs, dances, and other meaningful presentations, including one that honored the victims of the Pentagon attack. In Loudoun, staff participated in a memorial at the Shenandoah Building, provided reflection rooms both there and at the County Building, and attended events at

Banshee Reeks as well as the Leesburg Candle Light Vigil. The Loudoun team members also organized and participated in a labyrinth walk at the courthouse in Leesburg.

Both Alexandria and Arlington staff also held 6-month anniversary events. Alexandria staff held the multicultural Alexandria Resilience Expo in which 250 attended. The Arlington project held a 6-month commemoration program called “A Special Town Meeting: Exploring Resilience at the 6-Month Anniversary of 9/11,” with 150 people in attendance.

Community Dialogues: Each of the four project areas worked regularly to establish dialogues among various groups within their respective communities. Project staff worked to facilitate discussions about terrorist events and their aftermath among youths, women, disenfranchised populations, foreign-born and ethnic populations, and the mainstream population. Through life-skills workshops, an Iranian film series, an interfaith initiative, multicultural dialogues, and Girlwise (a conference for students), staff worked to increase people’s appreciation for, and acceptance of, others’ differences, while also establishing open lines of communication and helping people process reactions to 9/11.

Community-Wide Outreach: Each of the four project areas used outreach. Although individual counseling and group counseling were offered, informal counseling also used to make contact with hard-to-reach populations, such as ethnic groups and older adults, as well as with people who may have been having reactions, but were resistant to seeking counseling or mental health support. Successful outreach involved going where people were, not waiting for them to come to a central location where services were provided. Outreach workers actively reached out to people in places such as convenience stores, strip malls, local clinics, churches, mosques, senior centers, and English as a Second Language classes. Through this type of counseling, which is one of the hallmarks of the FEMA/Center for Mental Health Services (CMHS) model, the diverse population was better served by the project.

Public Awareness Media Campaign: With the cooperation and support from all four CSBs implementing the project, the staff from the Commonwealth of Virginia, and

various contractors, the Community Resilience Project implemented a paid advertising campaign. A logo and tag line for the project were generated and adopted, along with the production of a 30-second television commercial in English and Spanish, and scripts for radio advertising sponsorships. The television and radio ads ran for 7 weeks beginning in early September 2002. A total of 2,278 television and radio advertising spots aired, of which nearly 50% percent were donated, resulting in over \$200,000 of free advertising. Public relations efforts, including press releases, fact sheets and a web site, reinforced the messages and information provided in the advertising. All of these efforts included the project's toll free number and web address for people to use for more information.

Response to Sniper Attacks: After two quarters of recovery, remembrance, and healing, the people of Northern Virginia experienced more terrorism in the form of sniper attacks. These attacks in October 2002 added to the fear and anxiety experienced by the people in Northern Virginia and in the Washington, DC metropolitan areas. Some people were afraid to leave their homes and go about daily activities. In some areas, police escorted school buses and were stationed in school parking lots. One of the fatal shootings occurred at a store located immediately across the street from the Fairfax Community Resilience Project's main office. Demand for crisis counseling services surged during the period when the snipers were randomly attacking people in the Northern Virginia and Washington, DC metropolitan areas. In response, Community Resilience Project staff members worked quickly and diligently to provide services, as directed by the Center for Mental Health Services, to the affected communities. Below is a list of highlights of the services offered in response to the sniper attacks across all jurisdictions of the Community Resilience Project.

- Brochures were developed in English; translated to Korean, Vietnamese, and Spanish; and distributed widely at gas stations, grocery stores, strip malls, schools, and other public areas throughout Northern Virginia. Copies were also provided to Maryland and Washington, DC groups.

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- Workshops and forums about fear and stress management were provided for schoolchildren, counselors, teachers, businesses, and other community organizations.
 - Outreach workers provided crisis counseling at gas stations, strip malls, schools, and other public venues throughout the Northern Virginia area.
 - On two occasions, crisis counseling was provided through an NBC affiliate (Channel 4) telephone bank along with numerous interviews on radio talk and news shows on the topic “coping with the sniper attacks.”
 - The Community Resilience Project hotline responded to a dramatic increase in calls.
 - A special section dedicated to coping with the sniper attacks was placed on the Community Resilience Project web site.
 - More than 26,000 people visited the Community Resilience Project web site during the month of October 2002.
 - Local media (TV and radio stations and newspapers) were contacted to include a link to the Community Resilience Project web site on their web sites.
 - Resource information on how to deal with the sniper attacks was transmitted through the government intranet service.
 - News releases were written and distributed about how to recognize and cope with reactions to the sniper attacks.

In addition to the sniper, during this quarter, Northern Virginia area residents faced the threat of war in Iraq. Demand for services remained high, and the emotional reactions most frequently reported by people receiving individual services were anxiety and fear.

Web site: Just before the public education campaign was launched for the first anniversary of 9/11, the project web site was completed and live. It contained information about the project and free services available, information about common

reactions and coping strategies for different groups, links to the CSBs involved with the project, and links to other resources. There was also a section where people could write and share their personal accounts of 9/11 and its aftermath. Throughout the life of the project, local media were contacted and asked to establish a link from their web site to the project's site. Events that took place during the aftermath of 9/11, including the terror alerts, the war on terror and the sniper attacks were addressed on the web site with special links to information specific to reactions and coping strategies for each terrorism occurrence. The official web site for the project (www.communityresilience.com) received over 175,000 hits from the start of the public education campaign in September 2002 to October 25, 2003.

Best Practices from the City of Alexandria

- Anger Management Classes
- Co-location of Outreach Workers
- Labyrinth Walk
- Multicultural Outreach
- Psycho-educational Brochures
- Youth Outreach

Anger Management: Anger was the third most common reaction reported project-wide, with only fear and sadness reported more frequently. After 9/11, mental health providers and the general public in Alexandria reported an increase in aggression and impatience. To address this concern, Alexandria Community Resilience instituted a 12-week adult anger management class. There were no other free anger management classes in the area. As a result of the class, 97 percent of students reported they were better able to manage their anger. The city is currently looking into how they can continue this class.

Co-location of Outreach Workers: In collaboration with hosts, multicultural and multilingual outreach workers were co-located in the following community locations:

- Arlandria Health Clinic, Family Services Division: serves low-income residents in a primarily Latino neighborhood
- Casey Health Clinic: serves low-income residents
- Alexandria Department of Human Services
- Alexandria Joblink: the city's employment services program

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- Essex House: historically at-risk residential high-rise situated in Alexandria's West End, an area with a large low-income and immigrant population
 - Saint Martin of Porres: a senior center

Outreach workers in these locations provided 9/11 crisis counseling, education, and referral services. These locations were chosen on the basis of access to some of the populations that were most vulnerable after 9/11: immigrants and refugees, low-income, older adults, and people who lost income as a result of 9/11. In addition to providing access to a large number of people, co-location also served to build bridges with host agencies and increase cultural sensitivity of host staff through frequent and positive interaction with multicultural outreach workers.

Labyrinth Walk: The Labyrinth Walk was introduced to the Alexandria community on September 11, 2002 as a way to commemorate the first anniversary of 9/11. The portable labyrinth is painted on 36 feet of canvas. Approximately 75 people walked the labyrinth in a park on the Potomac riverfront to meditate about the year and how to promote resilience. After walking the labyrinth, the mayor of Alexandria wrote in the Peace Walk Book of Reflections, "This is a day of reflection for what is truly important in our lives—family, community, and country. We must be thankful and we must be strong. We must strive for peace."

The Labyrinth Walk was again spread out on September 11, 2003 to commemorate the second anniversary of 9/11. Over 150 people came out to walk the labyrinth. Of the responders, 98 percent found the Labyrinth Walk to be a meaningful commemoration of the events of 9/11. Coordinating with Alexandria Community Resilience, the Camino del Paz (Walk of Peace) Project in Bronx, New York hosted simultaneous Labyrinth Walks on the first and second anniversaries of 9/11.

Alexandria Community Resilience also presented the Labyrinth Walk in schools, recreation centers, and community organizations. Upon completion of the project, the labyrinth will continue to be used in the community through the prevention services division of the Alexandria CSB. As a result of the Labyrinth Walk, the city is exploring

the option of installing a permanent labyrinth in a park in recognition of the resilience of the Alexandria community post-9/11.

Multicultural Outreach: In addition to hiring outreach workers who come from, and speak the languages of, the area's largest immigrant communities, the Alexandria project provided an array of multicultural outreach activities to address the special post-9/11 social, psychological, and economic needs of immigrants and refugees. Significant numbers of immigrant and refugee populations experienced a sense of isolation after 9/11, often in living with, or in fear of, backlash and hate crimes. The post-9/11 changes in immigration and refugee laws and law enforcement created increased anxiety among immigrants. Immigrants and refugees often come to the United States to escape terror, and the terror of 9/11 triggered posttraumatic stress disorder symptoms in many, some severe. Many immigrants and refugees were among those in the tourism, service, and airport industries, which were hit hard after 9/11. Multicultural outreach to promote and educate about post-9/11 resilience, effective coping strategies, and community building included Black History Month and participating in the annual Mustafa Memorial Celebration of the Sudanese Community, along with the activities listed below.

- *The Resilience Expo:* In March 2002, the 6-month anniversary of 9/11, more than 250 people attended this event designed to promote resilience and community-building.
- *A Candle in the Night:* In October 2002, Alexandria staff put on this play about post-9/11 issues with a post-performance dialogue that engaged the audience on the topic of the play.
- *Community Forums:* In 2002, there were three successful community forums that brought area service providers together with residents from immigrant and refugee communities as a way to get to know each other, and improve service provision and access to services.
- *Horn of Africa in the US: Celebrating Cultures and Enhancing Community:* In May 2003, approximately 70 adults and 50 children attended this community

event which was designed to build the community and promote understanding of different cultures in the post-9/11 world.

- *The Alexandria Multicultural Coalition (AMC)*: This coalition was created in collaboration with the Alexandria multicultural initiative as a legacy to the multicultural community-building work of Alexandria Community Resilience. The AMC is comprised of leaders from area immigrant and refugee communities and providers of services to these communities. The mission of the AMC is to increase multicultural community access, participation, and understanding in the Alexandria area through cross-cultural dialogue, community-building activities, and information exchange. The AMC will remain viable and active after the Alexandria Community Resilience closeout.
- *Public Service Announcements*: Throughout the project, there were interviews, public service announcements, and activity advertisements on Spanish-, Arabic-, Amharic-, Tigrigna-, and English-language web sites, radio, and TV stations.

Psycho-educational Brochures: Psycho-educational brochures were developed as a way to reach people who may not have sought support otherwise but were experiencing some amount of emotional distress. It was not uncommon for people to have reactions, such as increased anger, problems sleeping, and higher levels of stress, but not realize that these and other reactions were related to 9/11 and its aftermath. The brochures helped people better understand the reactions, their potential relationship to 9/11 and related events, and how to effectively cope with them. Brochures were shared with the other areas involved with the Community Resilience Project, Washington DC, Maryland, and Project Liberty. Following is a list of brochures, most of which had Spanish versions:

- *Alexandria Community Resilience (Coping with Terrorism)*—English, Amharic, Arabic and Spanish versions
- *Anger Management*
- *Building a Foundation of Resilience*

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- *Coping with Code Orange*
 - *Coping with Terror Alerts*
 - *Coping with the Holidays*
 - *Coping with the Sniper Attacks*
 - *Courageous Action in the Face of Fear* (adaptation from Arlington brochure)
 - *Getting a Good Night's Sleep*
 - *Psychological Preparedness for Stressful Events* (adaptation from Arlington brochure)
 - *Relaxation Exercises*
 - *Resilience for Alexandria Fire Department Personnel and Their Families*
 - *Resilience for Alexandria Police Department Personnel and Their Families*
 - *Self Esteem: Feeling Better about Yourself*
 - *Stress in the Workplace*
 - *Stress Management*
 - *Stress Management for Parents and Caregivers*
 - *Teen Stress*

Youth Outreach: After 9/11, schools, recreation centers, and juvenile justice programs in the area reported an increase of behavioral “acting out” among youths. Recreation programs, in particular, sought assistance. In response, the Alexandria project conducted three major activities to target youth: Keepin’ It Real: Life Skills for Youth, Drama-Based Resilience-Building Workshops for Teens, and Drama Stars. These life-skills activities helped respond to the post-9/11 needs of youths with information about stress management, anger management, the importance of communication, effective

problem solving techniques, how to work as a team, and appreciation for diversity. Throughout all of the activities, 9/11 remained a critical focus, as youths participated in important dialogues about terrorism and the threat of war. These programs are examples of best practices because they attracted children and teens through fun, dynamic, and creative approaches.

Vignettes from the City of Alexandria

1. I have worked with several of the firefighters and paramedics who responded to the Pentagon and were part of the recovery efforts under the Alexandria Community Resilience Project. In the first stages, I did ride alongs at four stations to gain trust, educate them about the project, etc. I went on the "Fireline" show for the department in November of 2001, and again in November of 2002 to discuss the Resilience Program, and how people would recognize symptoms of stress. By December of 2001, I had spoken with many of those who responded, and even had some "dinner time firehouse discussions". Others would seek me out individually to express difficulties sleeping, or images coming into their minds. Two of the families contacted me concerned for their loved one(s) and also having their own fear reactions. I've continued occasional ride alongs and events so that they remain familiar with me. Often different fire or paramedic supervisors will contact me saying that they have a concern, and ask if I could come out to the station.

2. The wife of a paramedic who was part of the recovery met with me several times during the first 6 months because she was having nightmares, and crying when the news came on. Her husband also stayed on my "watch" because although he's a "tough guy", he was having a stress reaction of increased irritability, and some family problems had come up that made it more challenging. The wife contacted me again, because two of the other men in the department who responded to the Pentagon had spots show up on their lungs. Her husband had a chronic cough develop since the Pentagon attack. At one point, they thought he had pneumonia, but he refused to get a chest x-ray until his annual physical. His x-ray was clear. He was very edgy and irritable at home and his wife wasn't sure what was bothering him. After the x-ray came back clear he told his wife he'd been worried about what he may possibly have inhaled at times when his mask was off, especially since two other guys had

complications. The wife and I discussed his concern and ways she can encourage him to attend to it. He had not discussed it with anyone else, including his doctor.

Best Practices of Arlington County

- Multicultural Community Leadership Meeting
- Multicultural Initiatives
- New Brochures: *Courage in the Face of Fear* and *Psychological Preparedness of Stressful Events*
- Outreach at Community Events
- Psychological Preparedness Workshops
- We Remember Walk
- Working with the Deaf and Hard of Hearing
- Working with the Military Community

Multicultural Community Leadership Meeting: Sponsored by Arlington's multicultural team, 33 community cultural leaders came together to discuss the impact of 9/11 on their communities, and their post-9/11 recovery needs. The meeting highlighted the special needs of cultural communities—new alliances were formed and old alliances were strengthened. This group of leaders provided the Community Resilience Project with insight and access into Arlington's diverse immigrant and cultural communities. It was in large part due to the sanctioning of the project by these important community leaders that multicultural outreach efforts were able to expand.

Multicultural Initiatives: The Arlington multicultural team achieved the capacity to provide crisis counseling services in 13 different languages and was successful in jointly sponsoring many information, education, crisis counseling, and other types of 9/11 recovery events geared for the immigrant communities. They launched the multicultural leaders 9/11 forum mentioned above, and conducted a 9/11 counseling support group for immigrants who were previously prisoners of war and had been retraumatized by the terrorist attacks. Additionally, A Dialogue on Islam discussion forum was cosponsored

by the Community Resilience Project and the Arlington Central Library to help increase understanding and acceptance of others (particularly of the Muslim faith) with different belief systems. In this intervention, the focus was on preventing backlash or hate crimes related to 9/11. The Arlington Project also successfully co-hosted a play by Yolanda Catalla Palis that was designed to engage those attending the performance in active dialogue regarding issues related to 9/11, with the goal of community healing. In addition, one of the staff adapted a play from the book, the *Red Ribbon*, in which children who participated engaged in team building, team cooperation, and learning to be tolerant of individual and cultural differences.

New Brochures—*Courage in the Face of Fear and Psychological*

Preparedness for Stressful Events: Staff created two new brochures that focused on preparing individuals psychologically for stress and emergencies. The brochures were designed to help people recover from 9/11, as well as increase resilience to existing and potential future stress. Since the first printing of the brochures, outreach staff distributed them throughout the county. More than 34,000 materials were distributed during March 2003. The brochures were adapted for other Northern Virginia jurisdictions and uploaded to the Community Resilience Project web site. Project Liberty, the sister program in New York, was also granted a request to adapt the brochures for use in New York. Demand for the brochures in the community remained high.

Outreach at Community Events: Arlington staff participated in the NBC Channel 4 Health Fair with the goal of focusing on emotional health and recovery from the impact of 9/11, provided an information table and crisis counselors at the Pentagon Health Fair to provide on-the-spot counseling for military and civilian personnel, and individual crisis counseling outreach and an information/education table at the Arlington passing of the Olympic Torch Ceremony.

Psychological Preparedness Workshops: Arlington staff created a series of presentations focused on preparing individuals psychologically for stressful events and emergencies. The workshops allowed people to discuss their responses to 9/11 and the threat of future attacks so that they could take steps to be psychologically prepared for

future stressful situations. These workshops combined stress management techniques, resilience building, and other information (based on Terrance Gorski's model of normal human reaction to traumatic stress) into a comprehensive interactive presentation. They identified normal human reactions to stress, allowing participants to consider how they respond to stress. Participants were then led through a discussion of stress management techniques, taught to plan, and taught how to respond to emergencies in a productive fashion. These workshops and presentations were in high demand and have been adapted for a variety of populations, including seniors, mental health workers, grief workers, parents, teachers, military, Deaf and Hard of Hearing (DHH) persons, the HIV population, and others. Workshops were presented in English, Spanish, and American Sign Language.

We Remember Walk: This project was a joint effort of the Arlington Community Resilience Project and Rev. Bill Minson of New York City. Rev. Minson called Arlington to ask for assistance with the planning and implementation of a "healing walk" in which the New York, Pennsylvania, and Virginia victims' family members would come together to walk in remembrance of their loved ones. The walk took place on September 1, 2002. The families, first responders, and members of the community joined together and were led in a procession from the Iwo Jima Memorial to the Pentagon south parking lot. Once at the parking lot, a brief program that included family members, artists performing patriotic songs, and a unity prayer led by Rev. Minson completed the program. This historic event, in which family members from all three ground-zero sites came together (carrying photos of their loved ones and/or American flags) to share their grief and engage in healing interactions, was covered on the front page of *The Washington Post* and featured by all Washington, DC metro-area evening TV news programs. The We Remember Walk was held again at the second 9/11 anniversary.

Working With the Military Community: Staff established a collaborative working relationship with the Army Community Service (ACS) at Fort Myer. The military and civilian personnel at Fort Myer played instrumental roles in the rescue and recovery efforts after the attack on the Pentagon and witnessed continued evidence of the trauma, such as the funerals for those killed. Arlington staff worked effectively with ACS staff to

help address the effects of the traumatic events. For example, staff presented over 35 workshops to military and civilian personnel on traumatic stress, stress management, and psychological preparedness, and addressed issues of serious problems that may result after a trauma such as domestic violence and violence in the workplace. Staff provided individual psycho-educational services to personnel by staffing tables at Fort Myer, and offered psycho-educational materials, and discussed 9/11 and reactions to it. Staff also provided group counseling sessions with people involved in the rescue and recovery efforts during and after the attack. In addition, staff worked with the children and spouses of military personnel in several contexts to facilitate parents' handling of their own, and their children's, reactions to the attacks, and to provide a place for children to examine their reactions to 9/11. The Fort Myer Garrison Commander, Colonel Essig, recognized the dedication and effort with which the Community Resilience Project staff served the Fort Myer Military Community over the past two years by presenting Garrison Commander Coins to Arlington staff at the Fort Myer Garrison Recognition Ceremony on December 12, 2003. It was a great honor for the Arlington Community Resilience Project to have received such recognition. In addition to the work with Fort Myer, staff has provided similar services to other military facilities in the Northern Virginia area such as the Army National Guard in Arlington, the Navy Annex, and Henderson Hall Marine Corps Base.

Working with the Deaf and Hard of Hearing (DHH): The Arlington Community Resilience Project provided the home base from which two DHH counselors provided services for the entire regional project. This is one of the examples of the strong inter-county relationships built and maintained through the Community Resilience Project. These counselors had an immense challenge: reaching out to the entire DHH population in the four counties in Northern Virginia. Outreach to the DHH community was particularly difficult because its members encompassed all of the other groups that the project sought to serve (e.g., seniors, teens, children, the chronically mentally ill, different ethnic backgrounds, etc.). Throughout the project, these counselors and other Arlington staff members participated in activities for this population, including the Deaf Way Community and DHH Network Conferences, the Deaf and Hard of Hearing in the Government (DHHIG) Conference at the National Institutes of Health, the DHHIG Fifth

Annual Luncheon, and DHH outreach. They also provided services to Northern Virginia students at Gallaudet University (a university whose students are predominantly DHH), senior citizens, teen groups, and parents and teachers at elementary and middle schools. The counselors provided wide-reaching services to all of Northern Virginia to assist the DHH community in building their resilience post-9/11 and to better cope with future stresses.

Vignettes from Arlington County

1. Publicly distributing pamphlets about Islam in front of a subway station can mean exposing oneself to the possibility of persecution – especially in one of the counties where the deadliest terrorist attacks in United States history took place. The pain is still fresh, the suffering continues, and many believe Islam is to blame. Yet the man distributing pamphlets was suffering too. Eager in my role as an Outreach Counselor for the Arlington Community Resilience Project, I gladly accepted one of his pamphlets and gave him one of ours. Anxiety was evident in his voice and his eyes, as he began speaking urgently to me of the peaceful nature of his religion, as though he longed to announce to the whole world that he is neither guilty nor responsible for this tragedy. Tension rose in the air as we were approached by another man, who loudly and unabashedly expressed anger at those who use religion to "mess up the world." I relied heavily on the crisis counseling training I'd received to listen supportively and understand the root of his anger, until the anger turned to sadness as he spoke of the horrors he had suffered as a soldier in Vietnam. Slowly, the initial conflict between the two men began to melt away, as they both expressed a hatred of the suffering caused by war, a solidarity for both having experienced it personally, and an appreciation for those who dedicate their lives to ease the pain of others. I watched them exchange a handshake and words of respect. They each left with a Community Resilience Project brochure, a renewed sense of good will, and the knowledge that support is available. I left with an admiration of the inner strength of the people of this community, satisfaction that doing my job had met the important need of helping them find that strength, and even greater pride that I call this place home.

2. G is a 45-year-old divorced black male who was a former Naval Reservist (now inactive). On the morning of September 11, 2001, G was on his way to a civilian job in DC. That morning, unlike his usual pattern, he had not turned on his car radio and had no knowledge of what had just happened at the World Trade Center in New York. Traffic on 395 in

Arlington was backed up and he decided to pull over into the Pentagon parking lot to wait until the road cleared a bit.

G reported that he had been sitting in the Pentagon parking lot for about 15 minutes when he saw what he described as a commercial airplane flying very low. His first thought was just wondering if it was having some kind of problem. Having worked on naval aircraft carriers, G was very familiar with the process of aircraft landings. He recalled that the plane was not slowing down at all as it came nearer and he detected that its landing gear was not down. He anticipated that it would pull up at any minute and circle around. The plane continued to bear down and he was shocked when it sheared off the top of a light pole on an overpass just behind him. He ducked as the plane sped past him. The sound was deafening as none of its mufflers were activated. He recalled a sharp pain in his left ear as the plane flew just overhead. He watched in horror as the plane pierced the side of the Pentagon like a missile and disappeared into the building. Shortly a bright orange burst of flame exploded. He described feeling a sense of being numb, yet wanting desperately to do something. He looked above him to the overpass where people were getting out of their vehicles... he motioned for people to come down and began running toward the building. Before G or any of the other people moving in that direction could get near the site, emergency vehicles were on the scene and onlookers were directed away.

In the weeks that followed September 11, G had great difficulty sleeping. He found it hard to focus at work. He became despondent and withdrawn, often in tears. Sleep was nearly impossible for him. When he was able to sleep he would have detailed nightmares of buildings blowing up or planes crashing. He was fatigued and found it difficult to make decisions in his daily life. He was in a great deal of pain from the injury to his ear and after seeing a specialist learned that his eardrum was ruptured and would require surgery. Having worked as a reservist in the Pentagon, he knew individuals whose offices were near where the plane assaulted the building and was saddened to learn that some of those he knew had lost their lives. Each time a plane flew over his head G found that he was startled and afraid. His pulse would quicken and he would become very anxious, recalling vividly what he had witnessed on September 11, 2001.

He had talked with co-workers early on, but as time went by he began to stop because “they didn’t seem to understand why it was such a big deal” to him. Feeling ashamed that he was

still having problems and believing that he should be over it all by this time, G contacted the Community Resilience Project. I began meeting with G on a weekly basis offering supportive crisis counseling providing him an outlet to talk about his experience. After meeting with me for a while, G rarely had nightmares, visited the airport on several occasions and even flew to Chicago on business. Today he views his reactions as much more understandable and normal given the circumstances and his experience. He anticipates that he may have some set backs as anniversary dates roll around or as other events re-trigger his memories, but he is now able to function effectively in his life.

3. The participant grew up in New York and moved to the Washington Metropolitan area to attend Gallaudet University. Upon graduating, the participant moved to Northern Virginia, and lived with a spouse and three children. Initial contact was made during a crisis call. The participant had a long history of incest, sexual, and verbal abuse. Prior to September 11, 2001 the participant had suppressed the traumatic memories to a degree where they were virtually nonexistent. Soon after September 11, 2001, the participant's anxiety level continued to rise and the participant began to struggle at work. During this time, the participant became a victim of an additional sexual assault. The participant tried to continue to suppress what had happened, yet found the challenge too overwhelming. In an effort to cope, the participant took a leave of absence from the deaf education field. Just when the participant felt that things were beginning to seem better, the Sniper Attacks occurred. The participant was instantly faced with year's worth of memories and emotions that had been suppressed. It was at this time that the initial crisis call was made. Upon completing the initial crisis call and intervention, the participant was assessed and determined to be dissociating and severely depressed. The participant's presenting emotional reactions included grief, sadness, anger, despair, and hopelessness. Physical reactions included severe stomach and leg pains, difficulty eating and sleeping, exhaustion, and a weakened immune system. An immediate intervention was performed and healthy coping strategies were discussed. Due to the complexity of the participant's situation, the case was referred to a long-term therapist who could provide both medical and psychiatric support.

4. The Arlington DHH counselors presented a workshop on psychological preparedness at the National Deaf and Hard of Hearing in the Government conference (DHHIG), held at the National Institutes for Health. The room held 100 people and the presentation was standing

room only – many people were turned away at the door due to the space limitations. Organizers told our counselors that it was the most attended presentation of the three-day conference. In addition, due to the overwhelming response, a second presentation was added to the agenda during the keynote address. The desire for such information in the DHH community and the project’s success in reaching the DHH population is well demonstrated by the overwhelming response to these presentations.

Best Practices of Fairfax County

- “A Day of Remembrance”
- Age-Specific Outreach
- Building Personal Resilience Workshop
- Caregivers’ Stress Workshop
- Multicultural Initiatives and the Institute for Conflict Analysis and Resolution (ICAR)
- Multicultural Teams

“A Day of Remembrance”: The Fairfax Project worked with Faith Communities in Action (an interfaith organization), the Fairfax County Office of Interfaith Liaison, and the George Mason University (GMU) faculty and Student Government Association to host an anniversary event at the GMU Concert Hall on the evening of September 11, 2002. In total, 1,800 people of many faiths and ethnic groups attended this event, which was entitled, A Day of Remembrance: An Interfaith Gathering United for Peace. It involved seven world religions: B’hai, Buddhism, Christianity, Hinduism, Islam, Judaism, and Sikhism, and a chaplain represented all other faiths. The program included spiritual readings by representatives of all faiths, anthems sung by large interfaith choruses of adults and children (numbering close to 200), interpretive dance by a GMU student, a diversity poem presented by GMU students, and a visual presentation of all the names of the victims who died at the Pentagon. As a postscript, 184 candles—one for each individual who died in the Pentagon attack—were floated on a pond across from the concert hall, and a local choral group sang patriotic music during the candle lighting ceremony.

Age-Specific Outreach: The Fairfax team collaborated with the county’s Alcohol and Drug Services to provide youth outreach in order to help high-risk youth express their 9/11 engendered fears, biases, and tension. The Northern Virginia Family Service

(NVFS) team conducted outreach by giving a presentation on self-esteem to children participating in Bring Your Child to Work Day; delivering a major presentation to the Virginia Child Care Association (an audience of 120); staffing a booth at the county-wide fair, Celebrate Fairfax; participating in the Herndon International Fair; and delivering resilience and stress-management presentations to the entire staff of the Fairfax Agency on Aging. They also participated in a TV program for seniors on stress and resilience-building on the public-access channel.

Building Personal Resilience and Caregivers' Stress Workshops: Workshops were developed to address post-9/11 issues such as stress management, anger management, caregiver stress, and personal resilience. These were presented to a wide range of groups, including English as a Second Language classes; women's organizations; senior citizen groups; church groups; local governmental agencies; Women, Infants, and Children; the Virginia Initiative for Employment not Welfare clients; homeless shelters; community centers; and job seekers at employment centers and networking lunches. Also, at the request of the Fairfax County Project Director, the NVFS team provided necessary training to new members of other teams on outreach crisis counseling techniques and how to give the stress management educational presentations.

Multicultural Initiatives and the Institute for Conflict Analysis and Resolution (ICAR): Out of the concern for immigrant populations, their growing sense of isolation from the mainstream culture, and the antagonism and backlash that they had experienced since 9/11, initiatives were undertaken to build bridges and to improve communication and understanding within the overall community and among cultural groups. In partnership with the George Mason University ICAR, these initiatives included community-level, cross-cultural events called dialogues at which facilitated, small-group discussions were held. Seven such dialogues were held throughout Fairfax. For the future, faith communities and other community groups have been encouraged and trained to continue the dialogues.

A videotape and training manual describing immigrant experiences from a number of diverse cultures was also produced by ICAR for use in employee diversity training

programs. These training programs were distributed to area employers, the local school system, and the local hospital system to encourage better cross-cultural understanding and reduce the increased inter-cultural tensions caused by the 9/11 attacks.

Fairfax staff also participated in and conducted a number of events designed to help contact the segments of the population that were strongly impacted by 9/11 and to decrease community tension that surfaced as a result of terrorism. These events included a public forum with the Federal Bureau of Investigation, the Immigration and Naturalization Service, and the U.S. Attorney's Office; Election Day activities; grief training; Hispanic Committee President Days; and the Vietnamese and Chinese New Year festivals. One of the main events in this county was the Eids Festival, at which Fairfax staff distributed 12,000 brochures among the 30,000 people in attendance.

Multicultural Teams: Fairfax staff worked with diverse ethnic populations throughout the duration of the Community Resilience Project. There were four mosque/Middle Eastern teams, a United Community Ministries team, a Korean team, a Vietnamese team, and a Hispanic team. Each was assigned a team leader. By understanding and participating in the varying cultures and customs of these distinct communities, staff were able to meet their respective needs in relation to stress and 9/11.

Vignettes from Fairfax County

1. A mid-thirties single mother said, "I'm scared all the time. I still cringe when a plane flies overhead, watch my back in the mall parking lot since the sniper, and, along with everyone else, bought three rolls of duct tape. Well, maybe it will help the economy. I try to keep my kids away from the news, but they feel it, too."
2. A widowed assisted living resident spoke of her feelings of isolation and helplessness, "There are not many people that I can share my feelings and experiences with, but I'm most grateful that I survived my husband. He served in WWII and would have so...hurt...by recent events. We tried to live our lives with compassion and honor, but for what? What kind of world are our grandchildren going to inherit?"

3. Foreign-born residents of Fairfax County (1 in 5 persons) have experienced backlash since September 11, 2001. The war with Iraq served to exacerbate this situation. Below are some incidents described by the Fairfax Community Resilience Project Middle Eastern Muslim team that highlighted the issue:

- Several people, especially women wearing the hijab (scarf for head cover), reported being almost hit by a car while a pedestrian, or when driving, efforts to run them off the road have also been reported.
- Two mosques were vandalized in the last 6 months—one was painted with swastikas and hate messages; the other had a school bus burned while parked on the mosque property.
- Afghani taxi drivers reported being regularly insulted by their customers.
- One Muslim woman, working in a retail establishment, was accosted by a customer and told: “Go home!”
- One African American Muslim child was hit at school by a classmate who, when questioned by his teacher as to why he hit the Muslim child, told the teacher he/she hit the Muslim child because he was “Afghani”.
- One Muslim woman, who turned her car around in a shopping center to re-enter the center because she forgot something, was contacted at home the next day by the FBI because her “suspicious behavior” had been reported.
- A male, Muslim apartment owner who forgot his key was not let in by another resident because “he might be a terrorist”; the female resident insisted on calling the police.
- Muslims reported that racial slurs and obscenities are often hurled at them while on the street.

4. Other immigrant groups in our community were also affected by the repercussions of September 11, 2001. Older Koreans were retraumatized by events such as September 11, 2001 and the war with Iraq as well as escalating tensions between the U.S. and North Korea. The Korean team of the Fairfax project passed along an antidote regarding an elderly client: An elderly Korean woman called the offices of the project, saying that she was having difficulty sleeping, was short of breath, had extreme fear about possible terrorist attacks, and was very concerned about the possibility of war in Korea. Upon exploring further with this woman, it was learned that she was a Korean War survivor, and lost both her parents in the war when she was also pregnant. The sight of seeing a

pregnant woman fleeing in the streets of Baghdad made her re-experience the traumas of her young adulthood.

5. The Fairfax project Vietnamese team reported that people were retraumatized by the war in Iraq. The Fairfax project Vietnamese team relayed the following example: One Vietnamese man that the team was working with reported feelings of hyper-vigilance, fear and anxiety resulting from the war with Iraq. The Iraqi war brought back memories of a battle in the Vietnam War in which this man was unable to save his fellow soldiers.

Best Practices of Loudoun County

- Diversity Dialogues and ICAR
- Domino's Pizza Boxes
- Living with Grief: Coping with Public Tragedy Videoconference
- Public Information and Media Outreach
- Outreach to Specific Populations
- Reflection Rooms and Labyrinth Walk
- Resilience-in-a-Box
- Stress Less Preparedness Kit
- Stress Management at United Airlines and American Airlines

Diversity Dialogues and the ICAR: In an effort to leave a legacy and encourage the community to continue resilience efforts, diversity dialogues were instituted with the help of ICAR. The Loudoun County Prevention Program and Park View High School conducted dialogues with the students, during which time they were educated in the dialogue process developed by ICAR community forums. Park View High School was determined to be the best site for the dialogue process because it had the most ethnically diverse student population. In addition, problems at Park View High School had significantly increased since 9/11, as noted by the principal, including students vandalizing the All Dulles Area Muslim Society (ADAMS) Center Mosque, verbal and physical fighting among minorities, and increased bullying among girls.

The first phase of the dialogue process was the Girlwise Conference, held on March 29, 2003 during which 46 students participated in 9/11 dialogues on leadership, tolerance, anger management, and stress management. The second phase was training students from Park View to facilitate the dialogues. The goal was not only to initiate dialogues

and understanding among students, but also to leave students trained in conflict resolution, leadership, and the ability to conduct future dialogues. This intervention was designed to directly address the lasting reactions to 9/11 and its aftermath. The Loudoun County Prevention Program also was involved in working with the students, and will continue working in schools to support this effort after the Community Resilience Project has ended. Dialogues with the boys in the school were also being planned. In the second phase, 11 participants attended the April 4 training, and 18 students attended the May 28 training. Everyone was impressed with the students' eagerness to participate in the discussions. A private school also showed interest in the project. The Girlwise Conference made the front page of the *Loudoun Times Mirror*. The deputy superintendent of Loudoun County Schools attended the conference and was "very impressed." Additional conferences and more dialogues were scheduled with Park View High School and Foxcroft High School to promote ongoing psychological preparedness through adaptive skills such as conflict resolution, stress management, and tolerance of others.

Domino's Pizza Boxes: More than 8,000 flyers about the Loudoun County Community Resilience Project's free services were distributed on Domino's pizza boxes to advertise program activities. The Loudoun County CSB awarded the Leesburg Domino's a plaque in recognition of their help. A letter of appreciation was written to the owner/manager and another also was written to the corporate office.

Living with Grief: Coping with Public Tragedy Videoconference: On April 30, 2003, in collaboration with the Hospice Foundation of America and the Loudoun County Parks and Recreation Department, the project conducted a videoconference called Living with Grief: Coping with Public Tragedy, in which 65 people participated. Cokie Roberts of ABC News moderated the presentation. The topics included factors that define a public tragedy and provided advice to concerned individuals, organizations, and professionals as they support their communities. After the videoconference, a local panel addressed questions. The panel included the director of the Loudoun County Mental Health Emergency Services, the chaplain from Loudoun

County Hospital, a school guidance counselor, and the Community Resilience Project manager.

Public Information and Media Outreach: Loudoun staff worked closely with local media to announce the various workshops they held to help people cope with 9/11 and its aftermath, and were diligent about issuing press releases and posting information on the county website about normal reactions and effective coping strategies. One local radio station asked the project manager to call in on a regular basis to chat on the air and offer coping tips to listeners.

Outreach to Specific Populations: The Loudoun staff supported groups and events, including the Friendship House resiliency team for the chronically mentally ill/previously traumatized; the mental retardation resiliency groups; the All Dulles Area Muslim Society (ADAMS) Center to discuss discrimination against Muslims—this group experienced a growing need during the project; multicultural activities; Silver Threads, a group of minority women who discussed 9/11 related stress management skills and other issues; and the Neersville Community Supper. An outreach worker discovered that many senior citizens in the rural area of Neersville felt paralyzed by 9/11. They were isolated from county resources, and watched seemingly endless media coverage of 9/11 and its aftermath. They were afraid to leave their homes. The supper club functioned as a way to provide outreach, crisis counseling, and connections with appropriate county resources.

Reflection Rooms and Labyrinth Walk: To commemorate the first anniversary of 9/11, Loudoun staff participated in a memorial at the Shenandoah Building, provided reflection rooms both there and at the County Building, and attended events at Banshee Reeks as well as the Leesburg Candle Light Vigil. The Loudoun team members also organized and participated in a labyrinth walk at the courthouse in Leesburg.

Resilience-in-a-Box: Loudoun staff developed these boxes, which contained educational materials about coping with events such as 9/11. The Resilience-in-a-Box kits were tailored for various organizations within the county to build resilience and cope with the ongoing threats of terrorism, war, and any other public disasters, even

after the Community Resilience Project ends. The kits included books, videos, fact sheets, brochures, web addresses, community resource lists, ready-to-run workshops that may be conducted for different groups, and more.

Stress Less Preparedness Kit: This innovative outreach activity came about when people were making preparedness kits and purchasing duct tape and plastic to develop safe rooms in response to one of the terror alert increases. They were designed to be included in general preparedness kits to help provide little reminders about life skills that are important when coping with these types of events. The items were symbols of stress management techniques, including a rubber band for flexibility, a Hershey Kiss to comfort, a Hershey Hug to remind people to hug someone, a penny to remind people that they are valuable, a toothpick to remind people to pick out the good qualities in themselves and others, a tea bag to make friendship tea, and a tissue to wipe away sadness in yourself and others. The Loudoun staff distributed these during outreach and at various fairs and booths.

Stress Management at United Airlines and American Airlines: On the first anniversary of 9/11, Loudoun staff made themselves available at the United Airlines Reservation Center in Sterling, Virginia from 8:00 a.m. to 8:00 p.m. to help people cope with their reactions. Staff also went to United Airlines and American Airlines stations at Dulles Airport, handing out stress management information, counseling people, and monitoring a reflection room for airline personnel.

Vignettes from Loudoun County

1. I have been proud to be part of the Loudoun Community Resilience Project. The importance of this type of project to the health of the community cannot be overstated. As a Licensed Mental Health Counselor in the State of Virginia is not often that we can go out openly into the community to meet with people and organizations that are in crisis. We typically have to wait until a person/organization seeks services. This grant has afforded us the opportunity to go into the community in a supportive and educational role. This not only demystifies the role of mental health practitioners, but also affords us the opportunity to speak to people who may not see themselves as needing services but whose very day to day life has changed due to the nature of the

events in the DC area in the past 18 months.

This project allows us to focus on hope and to help a community define and use the inner resources they possess but are unaware of. We are able to teach new skills, help groups partner with each other helping to make our community more whole. People have said simply knowing we are present makes them feel more comfortable. We can count the number of people contacted and survey how they think a training went. We cannot always count the impact that sitting with someone may have, or how they slept better knowing they were not alone in their fears. It is like the movie "Pay it Forward". We cannot always see the many ways we have touched lives, yet if we could pull the camera back and view the chain of communication that occurs among people we might begin to see the fabric of healing we help to weave. People who learn about stress and how to manage it often pass on what they know, share it with family and friends. People who learn how to grieve in a healing way pass that teaching on to the next generation. Spreading hope and focusing on resiliency are two of the keys to healthy future for our people.

2. As the Community Resilience Project ends, the activities which it undertook continue to be as important as ever – at least so far as the Muslim community in this area is concerned. The Project provided a platform for this community to seek respite from fear, concern and despair caused by September 11, 2001. The Loudoun Community Resilience Project has successfully conducted group sessions of crisis management and discussions with representatives from the government to alleviate some of that fear. But as those activities and profiling continue, the fear keeps staying on the minds of the Muslims. When this project ends, Muslims will lose a major support system, which has helped them to retain some semblance of sanity in personal and social lives.

3. The senior citizens of Loudoun County have proven to be a fairly resilient group of folks. Since the events of September 11, 2001, many other very upsetting events have taken place. There was a fairly immediate military involvement in Afghanistan, a very serious anthrax alert was substantiated by several folks actually dying in unrelated areas to one another, the next thing that had a very serious impact on the citizens in this part of the country were the sniper attacks which thankfully but sadly with loss of several lives came to an end—but by that time most people were convinced that the sniper had a

connection to the terrorists who implemented the attacks of September 11, 2001 . During this time there was the build up to the war in Iraq. The United States of America along with Britain did launch a war on the regime in Iraq. It was interesting to observe the seniors after September 11, 2001. With the insight of people who have lived many years and have been through many personal trials and hardships, they were the first to "move on." The honesty with which they chose to continue with their lives knowing ultimately that to be a survivor, it is important to put things in perspective. The senior population was able to do this very effectively.

I remember the day that I realized that the senior population felt vulnerable. It was during the sniper attacks. At this point many folks, considering their life situation, realized that they did not have a handle on the world in the same way they had handled life-altering changes in the past. Life in these United States had changed. This is when I really noticed the anxiety that this "at risk" population was suffering from.

I began my training for the Community Resilience Project on June 24, 2002. Our project came "on line" rather late considering the other Community Resilience Projects in Northern Virginia. Our team jumped right in. I believe as a team, we have brought a great awareness to the community, by holding many Stress Management Seminars, by having a presence in the community, by providing a forum for the Anniversary events. We have, since before the war in Iraq, encouraged people to create an "Emergency Preparedness" system for themselves, their loved ones, friends and neighbors.

My personal story in relation to the Community Resilience Project is a little different than others on my team. I was already an employee of Loudoun County with the Department of Parks and Recreation with the Area Agency on Aging. Interestingly enough, my interview with the county was held on September 11, 2001. We have found that we all have a snapshot of that day. Since that day, I have had the pleasure of working with many senior citizens who were already "plugged in" to the system. This aspect of my position in particular is important due to the nature of older adults. A person dealing with this population soon realizes how important trust is. I was already in. I was able to respond to their concerns and they did not have to be concerned about talking to a "stranger". They knew very well who I was and we already shared interest and love in each other. That was the easy part. I will now explain the hard part. My feeling with all of

this was that there are many older adults who are not plugged in to the system. To understand this, you must understand that our county is unique in that the eastern half of Loudoun County is not only diverse, it is considered an suburban area, while the western half of Loudoun County is farm land supporting folks and families who have been in Loudoun County for generations. The task of approaching people in the eastern part of Loudoun County was not so difficult. These are folks who are open and many have migrated from the cities. The western part of Loudoun County is an entirely different story. This is a community, which has lived an independent lifestyle out of necessity, simply due to geographies. There are many senior citizens who were at a point in their lives where they needed services provided by the county. These communities are slightly resistant to outsiders, sometimes to their own detriment. I am more easily able to approach these communities and have been doing so for the past several months. This is a process, which takes time, due to matters of trust and the realization that their lives are changing and they may find services provided by the county very helpful to them. This requires them to think in terms of "letting go". I am fortunate in that my job in approaching these folks is made easier by working in tandem with the county's Area Agency on Aging.

4. The airline industry still has ongoing issues related to September 11, 2001. They have asked the Loudoun Community Resilience Project for help on the second anniversary of the attack.

CONCLUSION

The FEMA-funded Community Resilience Project, which provided free services to people in Northern Virginia through the Regular Services Grant from March 15, 2002 to January 15, 2004, played an important role in helping the community recover from 9/11 and its aftermath as well as build resilience to cope with future events. Staff gained valuable insight into helping individuals and communities cope with this disaster that may be helpful for disaster mental health workers, both professionals and paraprofessionals, who may face the disaster of terrorism in the future. Some of the most important insights, which are a reflection of the best practices, are listed below.

- Recognize the difference between traditional mental health and disaster mental health.
- Understand that the impact of terrorism reaches far beyond those who were directly affected.
- Recognize the difference between natural disasters and manmade disasters.
- Understand the value of outreach and using a variety of methods, including paid public education campaigns, web sites, psycho-educational materials, and regular media outreach, as well as going out into the community instead of waiting for people to come to you, to reach individuals and groups impacted and helping them understand and cope with their reactions.
- Keep outreach materials (web sites, fact sheets, brochures), presentations and workshops updated to address specific reactions and how to cope with them; after 9/11 and its aftermath, these included stress reactions such as anger, sadness, fear, hyper-vigilance, and sleeping problems.

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- Learn about and provide information to specific groups—whether it is by age, ethnicity, gender, culture, profession, or others—that may be particularly affected by the event.
 - Understand the importance of multicultural initiatives to rebuild the community and increase cultural understanding.
 - Ensure that information is available in the languages spoken in the affected areas.
 - Help people understand their reactions, what reactions that are common, and how to cope with them.
 - Recognize anniversaries of the event, and provide people with ways to commemorate the day and people they want to remember.
 - Include mental health information with other emergency preparedness and response information.
 - Build resilience and leave a legacy so individuals and communities will be better able to cope with potential future tragedies.

The staff of the Community Resilience Project learned these lessons over 2 years by coping and helping others cope with a series of traumatic events. While it is our hope that we will never again have use for these lessons, we also hope that these lessons will never be forgotten.